



26128

Atty. Dkt. No. 016907/1182

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Masatsuga HIRAYAMA  
Title: CORRECTION TABLE FORMING METHOD AND  
IMAGE FORMING APPARATUS  
Appl. No.: 09/722,700  
Filing Date: November 28, 2000  
Examiner: Unassigned  
Art Unit: Unassigned

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Technology Center 2600

**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	9	20	0	x \$18.00	\$0.00
Independents:	6	4	2	x \$80.00	\$160.00
First presentation of any Multiple Dependent Claims:			+	\$270.00	\$0.00
CLAIMS FEE TOTAL:					\$160.00

EH

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
CLAIMS AND EXTENSION FEE TOTAL:		\$160.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$160.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$160.00 . A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$160.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 5, 2001

FOLEY & LARDNER  
Washington Harbour  
3000 K Street, N.W., Suite 500  
Washington, D.C. 20007-5109  
Telephone: (202) 672-5489  
Facsimile: (202) 672-5399

By Manu Kumar Reg. No. 43,250

by Johnny A. Kumar  
Attorney for Applicant  
Registration No. 34,649